

SUPPLEMENTAL COMPENSATION EXHIBIT					
(To be filed by March 1)					
Statement as of _____ for (name of company) _____					
Include Chief Executive Officer, four highest paid employees (regardless of amount paid), and five additional directors, officers or employees only if their compensation exceeds \$100,000 a year					
OFFICERS AND EMPLOYEES					
			Annual Compenstation		
Name and Principal Position	Year	Salary	Bonus	All other compensation	Totals
1.	2007				
	2006				
	2005				
2.	2007				
	2006				
	2005				
3.	2007				
	2006				
	2005				
4.	2007				
	2006				
	2005				
5.	2007				
	2006				
	2005				
6.	2007				
	2006				
	2005				
7.	2007				
	2006				
	2005				
8.	2007				
	2006				
	2005				
9.	2007				
	2006				
	2005				
10.	2007				
	2006				
	2005				
The reporting insurer is a member of a group of insurers or other holding company system: ____Yes ____No					
If yes, the above amounts represent _____ total gross compensation paid to each individual by or on behalf of all companies					
which are part of the group; or _____ allocation of the compensation for the services performed to this insurer.					
DIRECTORS					
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All Other Compensation Paid or Deferred	Totals		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					